DOCUMENT RESUME

ED 094 274 CG 008 962

AUTHOR Bascue, Loy O.
TITLE Counselor Responses to Death and Dying: Guidelines for Training.
PUB DATE 74
NOTE 11p.; Paper presented at the American Personnel and Guidance Association Convention (New Orleans, Louisiana, April 1974)

EDRS PRICE MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS *Adult Counseling; *Counselor Attitudes; Counselors; *Counselor Training; *Death; *Self Evaluation; Speeches

ABSTRACT

This paper attempts to provide initial perspectives on guidelines for the preparation of counselors in dealing with client problems as they relate to death. Four elements of a training program are presented: (1) sensitizing counselors and prospective counselors to the topic of death and its potential importance; (2) helping those same people investigate available clinical research and popular information about death; (3) promoting the exploration of their own experiences, emotions, and opinions about death; and (4) having them provide actual services to clients for whom death is a possible concern. In addition to the preparation of counselors for direct service to clients, the writer also relates a number of issues which could benefit from investigation, including the frequency with which counselors come in contact with death-related problems, the attitudes and opinions of counselors about death-related issues, and the experiences with death of students who are interested in serving in particular work settings. (Author/PC)

COUNSELOR RESPONSES TO DEATH AND DYING:

GUIDELINES FOR TRAINING

BEST COPY AVAILABLE

Loy O. Bascue
The George Washington University

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

> Once, the Buddha was stopped by a young woman who had long been childless, and who, after many years, had given birth to a son. The child, while playing among the bushes, was bitten by a poisonous snake and died. Pleading with the Buddha to restore her son to life, she received the answer: "Go and bring me some mustard seeds from the home of people who are not mourning death." The mother began to wander about...but, after many years returned empty handed. Seeing her return, the Buddha said: "When you departed, you thought you and you alone were the only one who had ever suffered a loss through death. Now that you have returned, you know differently. Now you know that the law of death governs us all."
>
> Diskin and Guggenheim

Besides birth, death is probably the only human experience which can truly be considered universal. We were born and, barring unforeseen changes, the stark, irreverent reality is that we will all die.

Quite obviously, facing the reality of death has not been an easy task for people. While death concerns appear to be a rather common theme in art and literature (Weisman, 1972), until very recently, for most people, they were taboo subjects. People reacted to experiences with death, or related events such as funeral practices, abortion, or euthanasia, with hostility, humor, or even simply apathy: any way to avoid the discomfort these topics generated.

Of course, within the last few years, relatively open discussions of these areas have been possible. Probably events such as student and prisoner riots, the Vietnam War, and the assassinations of social and

ED 008 962

political leaders are related to their increased consciousness. At the same time, some importance must also be attributed to the fact that social and behaviorial scientists have started facing their responsibility by acknowledging the probable importance of death and promoting investigations in order to establish its meaning for and influence upon people.

What has been learned thus far through this interest in death is that, in fact, it is a highly meaningful issue for people. More specifically, as a result of both general and scientific attention, it seems not only logical, but also reasonable and even mandatory to assert that death and related topics are of great importance to people served by counselors.

There is, for example, evidence that children start recognizing death at a very early age - sometimes as early as age two (Rochlin, 1967) - and thereafter begins the process of ultimately realizing, perhaps by adolescence, that death is both unpredictable and irreversible (Schowalter, 1970). More generally, regardless of age, people continuously confront death throughout life. They experience animals, friends, and relatives dying, and also the real and fantasied fears associated with such things as automobile and airplane accidents, medical operations, diseases, organ transplants, and other catastrophies, such as fires and earthquakes.

Moreover, in their day-to-day work, counselors come in contact with people who are sorting out the meaning of these events. They encounter such people in schools and colleges, hospitals, rehabilitation centers, and clinics. Additionally, they work with drug addicts who are sometimes suicidal, elderly people facing death, public offenders who have maimed

others and often fear for their own lives, and a variety of others seeking help in relation to depression, psychosomatic disorders, and existential anxiety.

The Counselor's Preparation

It seems fairly obvious to conclude, then, that counselors need to be award of death and how to deal with it as a potential client concern. Unfortunately, it is just as obvious that they are not prepared to do so.

In fact, there seems relatively little mention at all of death in professional literature of counselors. Recently, in the general literature there have been some attempts to get counselors to recognize the importance of client physical pain and suffering (Easton and Krippner, 1962), to attend to death when working with the elderly (Buckley, 1972), and to be aware of such factors as suicide and depression when working in crisis centers and hotlines (McCord and Packwood, 1973). Other than these sources, however, there is little directly available for counselor preparation except in the area of rehabilitation counseling. In that specialty, material about such areas as death anxiety, loss and mourning have for some time been acknowledged as important for counselors (Wright, 1960; Cobb, 1962). Recent publications have amplified the importance of these same areas (Patterson, 1969; Ehrle, 1969) and others have added perspectives about the counselor's role with the suicidal (Wright and Trotter, 1968) and also the terminally ill (Bascue and Krieger, 1971)

Thus, while the information is limited, there is at least precedent for asserting that death concerns of people are an appropriate province

for counselors and, again, that they need to be prepared to respond to client problems as they relate to death. In turn, the purpose of this paper is to provide an initial prespective on guidelines for preparing counselors in the hope that it will be a useful foundation for practicing counselors and also that it will stimulate others to develop additional material.

Guidelines for Effective Preparation

While there are probably many effective ways for training counselors, there are four elements which appear to be necessary for any responsible effort. They are: (1) sensitizing counselors and prospective counselors to the topic of death and its potential importance; (2) helping those same people investigate available clinical, research and popular information about death; (3) promoting the exploration of their own experiences, emotions, and opinions about death; and (4) having them actually provide service to clients for whom death is a possible concern.

Sensitize - There are a number of ways of sensitizing individuals about the importance of death, but they are all predicated upon the assumption that educators and supervisors themselves actually accept the position that counselors should become aware of death-related issues and use their skills to respond to those issues.

Those who do accept this position can sensitize people by pointing out the importance given to death in the writings of such people as Jung (1959), Erikson (1963), and Frankl (1967, 1968).

More directly, they can point to the reality of potential client concerns related to death and even the possible influence on client service of the counselor's own fears and opinions related to death and dying.

More tangible and dramatic ways are the use of films that relate to death which seem easily available (Department of Human Resources, 1972) or, as stated earlier, art and literary pieces. Both of these sources have potential for providing information and also stimulating interest.

Investigate - The second important element, helping counselors investigate information on death, follows logically from the introduction and relevance established by initial awareness. An investigation of the seientific and popular material obviously helps counselors begin to determine what is known about the various aspects of death, how those aspects seem to affect people, and possible services relevant to helping people who face those issues.

There are a number of useful texts available which can provide a good initial foundation. For example, there are publications on the psychology of death generally (Kastenbaum and Aisenberg, 1972), suicide (Shneidman, et al., 1970), and terminal illness (Kubler-Ross, 1969). There are also books on the specific areas of children and death (Grollman, 1967), and loss and bereavement (Kutscher, 1969; Schoenberg, et al., 1970). There are also texts on Western culture and philosophy as it relates to death (Choron, 1963; Toynbee, et al., 1969).

In addition, there are other sources which can provide

material directly related to counseling and psychotherapy as it pertains to death. For example, there are publications related to therapeutic practices with the terminally ill (Leshan and LeShan, 1961; Bowers, et al., 1964) and the elderly (Oberleder, 1966). There are others that deal with family therapy (Goldberg, 1973) and Crisis Intervention (Kaplan, 1968) as responses to death and related trauma.

There are several current bibliographic sources, such as the Journal of Pastoral Care (1972) and Humanitas (1970, 1972). The Foundation of Thanatology is also an excellent source for assistance (Kutscher, 1973). In the last few years, interest in death has grown to the point that numbers of journal articles and popular books are available which counselors themselves will locate as they clarify specific needs.

Explore - The third element of good preparation is self-exploration. In a general way, counselor feelings and beliefs seem to influence clients and that influence can sometimes be detrimental. Evidence has shown this to be particularly true when dealing with death issues in counseling and psychotherapy (Bowers, et al., 1964; Pattison, 1967).

Opportunities for self-exploration give counselors a chance to face their experiences and learn from them in perhaps much the same way they would ask clients to do. In essence, counselors might need to explore their experiences and opinions in relation to such varied issues as funeral rites, abortion, religious practices, or capital punishment. They can begin this exploration with their supervisors or with peers in small groups. As an aside, research is

currently under way at St. Elizabeth's Hospital, in Washington, D.C., using video tape vignettes of dramatized client death problems as a method of reducing anxiety in professionals who might face similar concerns in actual practice (Howard, 1974).

Serve - The value of counselor preparation is to enhance the likelihood of service which is responsive to client needs. Given the importance of death and related issues for people, it seems unlikely that professionals would not encounter opportunities to be responsive to these issues. If counselors in training in the past have not been involved with such issues, it might well be that they simply did not recognize, or wish to recognize, that the client's dilemma involved the theme of death.

Since many educators and supervisors themselves probably had a limited awareness of our interest in death, it is only reasonable that counselors being trained would have obtained limited exposure and preparation while in school.

For the future, however, as counselors experience supervision sensitive to the importance of death and as they gain knowledge about it and its meaning for themselves and other people, they should, in turn, be better prepared to be responsive to client death-related concerns. As previously stated, they will find clients to serve in the very settings in which counselors typically intern and work - schools, hopsitals, clinics, and the like. As they become more able to respond to death issues, they might also find additional settings and client groups open to their services.

Conclusion

The efforts of counselors and counselor educators and supervisors should not be limited only to preparation for direct service to clients. Another area of great need is research. A number of issues could benefit from investigation, including: the frequency with which counselors in various settings actually come in contact with death - related problems; the attitudes and opinions of counselors about death-related issues; and the experiences with death of students who are interested in serving in particular work settings or with specific client groups. Counseling professionals might also take initiative in sensitizing other people to the importance of attending to death and even help train other service personnel, such as teachers and administrators, to respond to death and dying. Overall, counselors' involvement in the psychology of death can probably be as great and multi-faceted as they want it to be.

It is quite clear that society is now beginning to face death and its impact on people. Certainly mental health professionals are starting to recognize the obligation they have to help people understand death and its influence on their psychological and social systems. In general, it seems fair to say that to the extent counselors are concerned about the psychological well-being of people, they must also learn about death and use their skills to help individuals confronted with death-related problems.

SELECTED REFERENCES

Bascue, L. and Krieger, G. Considerations in counseling the terminally ill. Journal of Applied Rehabilitation Counseling, 1971, 2, 97-102.

Bowers, M.K., et al. Counseling the Dying. New York: Thomas Nelson, 1964.

Buckley, M. Counseling the aging. Personnel and Guidance Journal, 1972, 50, 755-758.

Choron, J. Death and Western Thought. New York: Collier Books, 1963.

Cobb, B. Cancer. In J.F. Gerett and E.S. Levine (eds.) Psychological Practices with the Physically Disabled. New York: Columbia University Press, 1962.

Department of Human Resources, Films on Human Resources. Washington, D.C.: District of Columbia Government, 1972.

Diskin, M. and Guggenheim, H. The child and death as seen in different cultures. In E.A. Grollman (ed.) Explaining Death to Children. Boston: Beacon Press, 1967.

Easton, H. and Krippner, S. Disability, rehabilitation and existentialism. Personnel and Guidance Journal, 1964, 43, 230-234.

Ehrle, R.A. Mutilation, death and the rehabilitation counseling student. Rehabilitation Counseling Bulletin, 1969, 13, 197-202.

Erikson, E. Childhood and Society. New York: W.W. Norton and Company, 1963.

Frankl, V. The Doctor and the Soul. New York: Bantam Books, 1967.

_____ Psychotherapy and Existentialism. New York: Simon and Schuster, 1968.

Goldberg, S. Family tasks and reactions in the crisis of death. Social Casework, 1973, 54, 406-411.

Grollman, E.A. (ed.). Explaining Death to Children. Boston: Beacon Press, 1967.

Hedin, H. Black Suicide. New York: Harper and Row, 1969.

Howard, M. Personal Communication, April 3, 1974.

Humanitas. Issue on self-destruction and self-creation, 1970, Vol. 6.

Humanitas. Issue on death and dying, 1974, Vol. 10.

Jacobs, J. Adolescent Suicide. New York: Wiley-Interscience, 1971.

Journal of Pastoral Care. Issue on death and dying, 1972, June, Vol. 26.

Jung, C. The soul and death. In H. Feifel (ed.) The Meaning of Death. New York: McGraw-Hill, 1959.

Kaplan, D. Observations on crisis theory and practice. Social Casework, 1968, 49, 152-161.

Kastenbaum, R. and Aisenberg, R. The Psychology of Death. New York: Springer Publications, 1972.

Kubler-Ross, E. On Death and Dying. New York: MacMillan, 1969.

Kutscher, A. (ed.). Death and Bereavement. Springfield, Ill.: Charles C. Thomas, 1969.

Kutscher, A.H. President, Foundation of Thanatology, New York, 1973.

LeShan, L. and LeShan, E. Psychotherapy and the patient with a limited life span. Psychiatry, 1961, 24, 318-323.

McCord, J. and Packwood, W. Crisis centers and hotlines: a survey. Personnel and Guidance Journal, 1973, 51, 723-728.

Oberleder, M. Psychotherapy with the aging: an art of the possible. Psychotherapy: Theory, Practice, and Research,1966, 3, 139-142.

Patterson, C.H. Existentialism and disability. In C.H. Patterson (ed.) Rehabilitation Counseling: Collected Papers. Champaign, Ill.: Stipes Publishing Company, 1969.

Pattison, E.M. The experience of dying. American Journal of Psychotherapy, 1957, 11, 626-633.

Rochlin, G. How youger children view death and themselves. In E.A. Grollman (ed.) Explaining Death to Children. Boston: Beacon Press, 1967.

Schoenberg, B., et al. (eds.) Loss and Grief: Psychological Management in Medical Practice. New York: Columbia University Press, 1970.

Schowalter, J. The child's reaction to his own terminal illness. In B. Schoenberg, et al. (eds.) Loss and Grief: Psychological Management in Medical Practice. New York: Columbia University Press, 1970.

Shneidman, E. et al. (eds.) The Psychology of Suicide. New York: Science House, 1970.

Toynbee, A. et al. Man's Concern with Death. St. Louis: McGraw-Hill, 1969.

Weisman, A.D. On Dying and Denying. New York: Behavioral Publications, 1972.

Wright, B.A. Physical Disability - A Psychological Approach. New York: Harper and Row, 1960.

Wright, J. and Trotter, A. Implications of Modern Suicide Inquiry for the Rehabilitation Counselor. Milwaukee: Curative Workshop of Milwaukee, 1968.